

CRANSTON POLICE DEPARTMENT

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date _____ Request Number _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Requested Records: (Report Number If Known) _____

Date of Incident: _____

Type of Incident: (Please Check One) Accident _____

Vandalism _____ Breaking & Entering _____

Stolen Auto _____ Other _____

Location of Incident: _____

Name(s) of Person(s) Involved: _____

If these records are not readily available at the time of your request, please advise whether you desire to:

_____ pick up the records or _____ regular mail

Office Use

Request taken by: _____

Request Number _____

Date: _____ Time: _____

Records to be available on: _____

Mail _____ Pick Up _____

Records provided: _____

Costs: _____ copies

_____ search and retrieval

Cranston Police Department - Access to Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the Records Section. If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in R.I.Gen. Laws Section 38-2-2(4)(i)(A) through (W), the Department reserves its right to claim such exemption.

Note: If you chose to pick up the records but did not include identifying information on this form (name, etc.), please inform the clerk in the Records Section of the date you made the request, records requested and request number _____.

Thank you. _____